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Palliation in Lung Diseases – Facing the Challenge and New Hope: Introduction

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Non-communicable respiratory diseases (e.g. chronic obstructive lung disease and asthma) and lung cancer belong to the most common causes of death worldwide [1]. Numbers are likely to increase in the coming decades due to ageing populations and the related rise in chronic diseases [2].

One of the goals of today's respiratory medicine is to deliver integrated care by a multidisciplinary approach spanning from timely diagnosis to sophisticated treatment integrating technological advances and following the whole patient's course of respiratory disease. In the long term, prevention of chronic respiratory diseases is the ultimate goal. However, over the next few decades we will be facing a combination of a larger number of patients with advanced lung disease in a setting of rising health care costs, less funding and lack of professional carers. Therefore, increased awareness and decision making of the public, including patients and relatives regarding their future responsibility for health, treatment and care (e.g. rationing of services, shifts from hospital to long-term care institutions) are mandatory [3].

The care of patients with chronic respiratory disease has been central to medicine and health care for a long time. To date, the armamentarium to treat lung diseases includes not only curative options, but more often treatment targeting the symptoms. When the respiratory con-

dition finally reaches an advanced stage ('end-stage lung disease'), a whole concept of how to palliate respiratory and other symptoms can be offered to the patients.

'Palliative care' (in a narrow sense) has become well established in the wealthier countries and increasingly so in developing countries, to cater for the needs of both people who are dying – mainly from cancer – and those carers close to them [4]. It is the multidisciplinary 'whole-person' care of patients and their families from the time of cancer diagnosis, through treatments aimed at cure or prolonging life, to the advanced disease phase, which is currently acknowledged as palliative care. 'Palliative care' involves recognizing and caring for the side effects of active therapies as well as patients' comorbidities, and their psychological, social and spiritual concerns [5].

Unlike traditional palliative care, which grew from the terminal care of cancer patients, supportive care for patients with advanced respiratory disease is neither restricted to dying patients nor to cancer. Nevertheless, many features of traditional palliative care are also essential in the supportive care of respiratory patients. Thus, this review series covers the support of patients with various respiratory diseases. Special attention has been drawn to the fact that patients with advanced respiratory diseases often suffer from acute reversible exacerbations with specific underlying causes. Here the

respiratory specialist is essential in diagnosis and treatment within the multidisciplinary team. Luckily, there have been significant advances in our understanding of respiratory symptoms and their palliation. Symptoms such as breathlessness and cough are intrinsically common in patients with chronic and advancing disease. Pain and varying degrees of respiratory distress are also a significant problem for patients, regardless of the diagnosis.

We were invited to contribute an entire Thematic Review Series dedicated to various aspects of palliation in lung diseases. The first paper of the series in this issue of *Respiration* by Gompelmann et al. deals with the therapeutic options of lung-cancer-related complications such as pleural and pericardial effusions, central airway obstruction, tracheo-oesophageal fistula, haemoptysis and superior vena cava syndrome [6].

The second contribution by Kreuter et al. will concentrate on therapeutic options in advanced, non-malignant lung diseases such as e.g. asthma and chronic obstructive pulmonary disease. Despite modern treatment advances, a large number of these patients require continuing support. Careful patient education and self-management are key elements in cost-effective therapy not only preventing repetitive intensive-care unit admissions, but also increasing quality of life [7, 8].

In the third paper, Maio et al. will discuss problems arising when facing patients with end-stage lung disease from an ethical perspective. They will cover topics such as end-of-life decisions and rationing of rare resources in the context of patient autonomy.

Finally, the last paper by Rabe et al. will provide a state-of-the-art article of the current concepts in respiratory palliative care [9].

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